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						Application or Docket Number				
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		CLAIMS A	S FILED - Column 1)		ımn 2)	SMA Tyf	LL ENTITY	OR	OTHER SMALL	
FC	P	NUMBI	ER FILED	NUMBER	EXTRA	RAT	E FEE	7	RATE	FEE
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.,					COIGITIII Z	TOT	AL	OR	TOTAL	180
	C	(Column 1)	AMENDED	(Column 2)	(Column 3)	SMA	LL ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	. *. *	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONA FEE		RATE	ADDI- TIONAL FEE
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***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									